

Attachment No. 2 to Policy Memorandum No. 5 - Fiscal Year 2007

Competencies/Education Profile Forms

Competencies/Education Profile Form Information Technology Special Compensation Plan
Management Roles: Page#1

Employee Name: _____ Date: _____

Classification Title: _____ PIN : _____

Agency: _____

Rating Supervisor: _____ PIN: _____

1st Level Reviewer: _____ PIN: _____

Competencies/Behavior Indicators	Indicate for each checked competency:
<i>Please check those to be measured:</i>	(Y) Yes (N) No Value Added

<input type="checkbox"/> Adaptability: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Coaching and Developing Others: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Decisive Insight: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Holding People Accountable: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Impact and Influence: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Information Gathering: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Vision Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/> Leadership: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: _____ to: _____

Signatures (at the beginning of the measurement period):

Employee	Date	Rating Supervisor	Date
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1 st Level Reviewer	Date
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Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

SUMMARY for Submission

For the measurement period from: _____ to: _____ this employee received a rating of Yes for value added on ____ competencies and completed _____ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year _____.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 st Level Reviewer	_____ Date		

Competencies/Education Profile Form Information Technology Special Compensation Plan
Infrastructure Roles: Page#1

Employee Name: _____ Date: _____

Classification Title: _____ PIN : _____

Agency: _____

Rating Supervisor: _____ PIN: _____

1st Level Reviewer: _____ PIN: _____

Competencies/Behavior Indicators

Indicate for each checked competency:

Please check those to be measured:

(Y) Yes (N) No Value Added

<input type="checkbox"/>	Analytical Thinking/Attention to Detail: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Business Perspective: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Customer Advocate: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating Effective Relationships: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to Learn: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Fostering Innovation/Leading Change: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Project Performance: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: _____ to: _____

Signatures (at the beginning of the measurement period):

Employee

Date

Rating Supervisor

Date

1st Level Reviewer

Date

Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

SUMMARY for Submission

For the measurement period from: _____ to: _____ this employee received a rating of Yes for value added on ____ competencies and completed _____ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year _____.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 st Level Reviewer	_____ Date		

Competencies/Education Profile Form Information Technology Special Compensation Plan
Operations and Support Roles: Page#1

Employee Name: _____ Date: _____

Classification Title: _____ PIN : _____

Agency: _____

Rating Supervisor: _____ PIN: _____

1st Level Reviewer: _____ PIN: _____

Competencies/Behavior Indicators

Indicate for each checked competency:

Please check those to be measured:

(Y) Yes (N) No Value Added

<input type="checkbox"/>	Analytical Thinking/Attention to Detail: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Business Perspective: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Customer Advocate: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating Effective Relationships: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to Learn: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Fostering Innovation: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Personal Accountability: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: _____ to: _____

Signatures (at the beginning of the measurement period):

Employee

Date

Rating Supervisor

Date

1st Level Reviewer

Date

Competencies/Education Profile Form Information Technology Special Compensation Plan
Operations and Support Roles: Page#2

Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

SUMMARY for Submission

For the measurement period from: _____ to: _____ this employee received a rating of Yes for value added on ____ competencies and completed _____ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year _____.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 st Level Reviewer	_____ Date		

Competencies/Education Profile Form Information Technology Special Compensation Plan
System Delivery Roles: Page#1

Employee Name: _____ Date: _____

Classification Title: _____ PIN : _____

Agency: _____

Rating Supervisor: _____ PIN: _____

1st Level Reviewer: _____ PIN: _____

Competencies/Behavior Indicators

Indicate for each checked competency:

Please check those to be measured:

(Y) Yes (N) No Value Added

<input type="checkbox"/>	Analytical Thinking/Attention to Detail: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Business Perspective: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Customer Advocate: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating Effective Relationships: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to Learn: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Personal Accountability: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Project Performance: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: _____ to: _____

Signatures (at the beginning of the measurement period):

Employee

Date

Rating Supervisor

Date

1st Level Reviewer

Date

Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

SUMMARY for Submission

For the measurement period from: _____ to: _____ this employee received a rating of Yes for value added on ____ competencies and completed _____ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year _____.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 st Level Reviewer	_____ Date		